

# ARIZONA STATE BOARD OF MASSAGE THERAPY INSTRUCTIONS

An application form for a massage therapist license is enclosed. Please read these instructions very carefully and then complete the application. YOUR APPLICATION MAY BE SENT BACK if it is incomplete. This will cause delays in your application process.

## ALL APPLICATIONS BECOME PROPERTY OF THE STATE

### ALL APPLICATIONS MUST INCLUDE THE FOLLOWING Make sure 1 thru 7 is complete before you mail your application

1. \_\_\_\_ A signed and notarized massage license application with all required supporting documentation attached.
2. \_\_\_\_ **A Money Order or Cashier Check ONLY** in the amount of **\$189.00** (Application and License fee is \$165 and the fingerprint background check is \$24). (NO PERSONAL CHECKS ACCEPTED)  
Make MO payable to the "AZ Board of Massage Therapy. **All Fees' ARE NON-REFUNDABLE.**
3. \_\_\_\_ A Completed fingerprint card – everyone must submit a completed fingerprint card.  
**NOTE:** The fingerprinting service or technician may charge you a separate fee to take your fingerprints. This fee is not included in the fee submitted to the board. A separate fee is charged by the agency or vendor who actually provides the service.
4. \_\_\_\_ Passport size and type color 2 X 2 **PHOTOGRAPH** taken within 60 days of application date. Please print your name on the back of the photo in case it becomes detached from your application. This will be your picture on your badge.
5. \_\_\_\_ All attachments to "YES" questions must be provided. (i.e. court documents)
6. \_\_\_\_ **Citizenship /Alien Status Documentation Required State Law (A.R.S. § 1-501) question 9 or 10**  
All applicants must submit **DOCUMENTATION** regarding their citizenship /alien status with their application. See attached list **A & B** for specific documentation required.
7. \_\_\_\_ All of the questions on the application must be answered and supporting documentation attached.

Now, determine **HOW YOU ARE APPLYING**: You must meet the requirements under one of the ways listed below. Make sure you meet the requirements before you apply. To avoid delays **REQUESTS** for massage transcripts, NCBTMB Scores and Verifications should be mailed from the source directly to us. **Items coming from out of state usually take longer to arrive. You can make the request for documents asap they will be held for 1 year.**

**REGULAR License Requirements:** Each Regular License Applicant must **complete all of the above 1 thru 7 and both 1 & 2 below.**

1. You will need to have transcripts sent directly from the massage School(s) reflecting 700 clock hours.  
(R4-15-201)
2. You must have taken and passed the national exam with the NCBTMB. The results must be sent directly from the NCBTMB to us. (If you attended a Title IV School here in Arizona your exempt from taking the NCBTMB, list on the website approved schools)

**RECIPROCITY License Requirements:** Each Applicant for Reciprocity must **complete all of the above 1 thru 7 and both 1 & 2 and 3 below.** (City licensure is not equivalent to state licensure)

1. You will need to have transcripts sent directly from the massage School(s) reflecting 700 hours.  
(R4-15-201)
2. Verification must be sent directly from your State Board verifying your license is current and in good standing for at least 5 years back. (Verification form on website)
3. You will need to show proof that you hold current certification with or have taken and passed the NCBTMB. This document must be sent directly from the NCBTMB to us. (If you meet the 5 year requirement above, #2, then you don't need to show proof of the NCBTMB)

## ADDITIONAL INFORMATION

An application must be “administratively complete” before the Board will review and rule on the application. In order to be considered “administratively complete” the board must have received a completed application form, a fingerprint report from the Department of Public Safety, and all required supporting documentation. The Board will then consider the application.

- Each applicant has the responsibility to contact information sources (i.e., schools, municipalities, licensing boards, court records) to verify that the materials required for an application to be considered administratively complete have been sent to the Board, (example; NCBTMB, state verification(s), conviction records and official transcripts.)
- If your Massage school is closed then you need to find out the agency that governed the massage school in that state and request that the transcripts be sent to us. If the agency does not have any transcripts then they need to send a letter stating they have no transcripts directly to us.
- Board staff cannot send application documents to information sources. It is the applicant’s responsibility to make sure that all information sources are aware of any deadlines you are attempting to meet. You should also be aware that the Board may request clarification or additional information regarding your pending application.
- The Board will send you **ONE NOTICE OF DEFICIENCY** indicating any required materials that have not yet been received. The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to supply the missing information that is requested in the deficiency letter.

### **If you have additional questions please refer to the Arizona state laws & rules**

If you would like to obtain a copy of the State Massage Board’s Laws and Rules, you may download them for **free** from the Board’s website [www.massageboard.az.gov](http://www.massageboard.az.gov).

### **Allow at least 8 weeks for processing of your application**

## Instructions for Navigating NCBTMB Website

National Certification Board for Therapeutic Massage and Bodywork:  
**[www.ncbtmb.com](http://www.ncbtmb.com)**    **[info@ncbtmb.com](mailto:info@ncbtmb.com)**    **1-800-296-0664**

Take the exam that suits your massage knowledge. We will accept any exam includes NESL

Once you open the website, you will go to Applicants left side of page, and then a drop down will let you choose Applications & Forms. You can apply one of 2 ways:

1. Interactive that you will print then submit by mail to the NCBTMB.
2. Or you can apply online.



State of Arizona  
Janice K Brewer  
Governor

## Arizona State Board of Massage Therapy

1400 W. Washington, Ste. 230 ♦ Phoenix, AZ 85007  
Phone: 602-542-8604 ♦ Fax: 602-542-8804  
Website: [www.massageboard.az.gov](http://www.massageboard.az.gov)  
Dr. Craig Runbeck, Executive Director

**Scotch Tape Only –**  
ORIGINAL- Passport 2x2 Current  
PHOTO here, head and shoulders  
only

# LICENSE APPLICATION

**Return completed application and information to the Board:**  
**ALL OF THIS APPLICATION IS REQUIRED TO BE FILLED IN OR MARKED NA (if non applicable).**

Check how you are applying in the appropriate box: (See Instructions)

☐ **Regular** License Application ☐ **Reciprocity** License Application

Application & 2-year License Fee is \$165.00, \$24.00 for fingerprint background check.

Total due with the application is **\$189.00 -** ☐ Wall Certificate additional \$25.00 **Total** amount due \$214.00

**ALL FEES ACCEPTED IN THE FORM OF MONEY ORDERS or CASHIER CHECKS ONLY**

**TYPE or PRINT LEGIBLY**

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

3. List all names you have used - this includes all married and maiden names:

Indicate by checking the box which address you want posted on the Website: ☐ Home ☐ Business ☐ Other

4. Home address: Will be public if no other address is given - A physical address is required:

Complete Street address include (Apt #) (City) (State) (Zip Code)

Phone numbers are (required): (Home) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. **Massage Business address:** Business Name: \_\_\_\_\_

Business Street address include (Ste #) (City) (State) (Zip Code)

Business Phone number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. **Mailing address** if different from home:

PO Box/House #/Street Name (Ste #) (City) (State) (Zip Code)

7. Additional phone numbers if any (Fax) \_\_\_\_\_ (Cell) \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year City County State

9. **Citizen Status Declaration;** Are you a citizen or national of the United States? ☐ Yes ☐ No  
Attach a legible copy of a **document** from the attached List **A** that demonstrates U.S. citizenship.  
Name of document provided \_\_\_\_\_

**If you answered NO to question nine then you will need to respond and complete question ten.**

10. **Alien Status Declaration:** Are you a legal resident authorized to work in the United States? ☐ Yes ☐ No  
Attach a legible copy of a document from the attached **List B** that evidences your status A.R.S §1-501.  
Name of document provided \_\_\_\_\_

11. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

**12.** Residential addresses for the past 5 years. List in chronological order; include apartment, suite or room numbers use a second page if necessary.

a. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
b. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
c. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
d. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**13.** Name and address of High School(s) attended or earned GED or Ability to Benefit exam

_____	_____	_____	_____
Name	City	State	Zip Code
Date of Graduation _____ Date earned GED _____ Date passed Ability to Benefit _____			

**A COPY OF YOUR TRANSCRIPTS MUST BE SENT TO THE BOARD DIRECTLY FROM YOUR MESSAGE SCHOOL(s)**

Course of study must be from an approved Massage Therapy or Bodywork Therapy School. (See Rule R4-15-101.1)

**14.** Name and address of approved massage school.

_____	_____	_____	_____
Name	City	State	Zip Code
_____	_____	_____	_____
Name	City	State	Zip Code
<b>15.</b> Number of classroom hours _____ Date of graduation _____			

**EXAMINATION:**

**A COPY OF YOUR EXAM RESULTS MUST BE SENT TO THE MESSAGE BOARD DIRECTLY FROM NCBTMB**

<b>16.</b> Did you take an exam with the NCBTMB? <input type="checkbox"/> YES <input type="checkbox"/> NO Date exam taken and passed _____
What NCBTMB exam did you take _____ Certificate number _____ (If applicable)
Do you have a pending test date set for the NCBTMB? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____

**If you answer yes a State verification form, from each state must be sent directly to the board (form on website)**

<b>17.</b> Have you held a <b>State</b> Massage License in another state <input type="checkbox"/> YES <input type="checkbox"/> NO Is the license current <input type="checkbox"/> YES <input type="checkbox"/> NO
List all of the States in which you held a massage license
A. State _____ B. State _____ C. State _____
Issue date _____ Issue date _____ Issue date _____

**18.** Have you been licensed in the State of Arizona under a city or municipality as a massage therapist? ☐ YES ☐ NO  
If yes, list all the cities where you held licenses.

A. City \_\_\_\_\_ B. City \_\_\_\_\_ C. City \_\_\_\_\_

**YOU MUST ANSWER ALL OF THESE QUESTIONS by checking the appropriate yes/no box.**

**The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you can answer "NO" to the following questions.**

<b>19.</b> Have you, within 5 years preceding the date of this application, been convicted of a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>20.</b> Have you, within 5 years preceding the date of this application, been convicted of a misdemeanor involving prostitution, solicitation or other similar offense involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21.</b> Pursuant to A.R.S. 32-3208 (A) as cited below; have you been charged with a felony or a misdemeanor involving conduct that may affect patient safety after receiving or renewing a health care license or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22.</b> Within five years before the date of this application have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>23.</b> Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution? Are you on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>24.</b> Within five years before the date of this application have you had a massage therapy certification/license revoked or suspended by a national massage therapy certifying agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25.</b> Within five years before the date of this application have you voluntarily surrendered a license under A.R.S. § 32-4254 or had a license to practice massage therapy or another similar license revoked by a political subdivision of this state or a regulatory agency in another jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26.</b> Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27.</b> Have you ever had an application for a professional license refused or denied by a licensing authority? If yes in what state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>28.</b> Have you ever been the subject of disciplinary action by a certifying/licensing agency with regard to any professional license or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered YES to any of the questions above you must obtain and attach copies of the court document(s) relating to the offense. The documentation must include: date of conviction; final disposition of all Court's having jurisdiction over the offense(s); provide proof of release from parole or probation if applicable. Provide a copy of the notice if expunged and notice of restoration of civil rights, if applicable. You will not be issued a license if you are on probation.**

**Notice A.R.S. §32-3208. Criminal charges; mandatory reporting requirements; civil penalty**

**A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.**

**E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.**

# YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY -

## 29. Affidavit of Applicant –

I, \_\_\_\_\_, certify that I am the person described and identified in this application;  
(Print Your Name)

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by the affiant, who personally appeared before me.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)

This application will be returned to the applicant if the form is not signed and is not properly notarized. You should keep a photocopy of this form for your records.

## EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

### LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:**  
**ALL COPIES NEED TO BE A READABLE CLEAR COPY.**

#### **a. Primary Evidence:**

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

#### **b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

#### **c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

##### **Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.



**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED  
INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

**a. "Qualified Aliens"**

Evidence of "Qualified Alien" status includes the following:

\_ \*I-94 Form with a photograph

***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

**b. Nonimmigrant**

Evidence of "Nonimmigrant" status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

**c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

# **Fingerprint Card Instructions**

## **You will need to request a FP card go to the contact us on the website and email the request**

If your fingerprint card lacks your full name, date of birth, place of birth, or Social Security Number, it cannot be processed. It is recommended that you take this page to the fingerprint technician

Notice to Fingerprint Technician

This applicant will furnish you with a fingerprint card. To establish uniform reporting of information of applicant fingerprint cards, the Arizona Massage Therapy Board adheres to the following standard guidelines.

***The information must be legible and typed or printed in BLACK ink only.***  
**DO NOT BEND THE FINGERPRINT CARD**

### **Completion of Applicant Fingerprint Card**

1. Applicant's name: Last Name, First Name, Middle Name
2. Date of Birth: If unknown, list the approximate age or year of birth
3. Place of birth includes only the state or country using authorized coded abbreviations.
4. To conform with the ACIC and NCIC Reporting System, the following abbreviations are used for physical identification:

#### **Race**

A = Asian/Pacific Islander  
B = Black  
I = Native American/Alaskan Native  
H = Hispanic  
W = White  
U = Unknown

**Height:** Use feet & inch measurements: 5'11" for 5 feet 11 inches, not 71 inches

**Weight:** Whole numbers only using U.S. pounds

#### **Eye Color:**

Blk/Black  
Blu/Blue  
BRO/Brown  
GRN/Green  
HAZ/Hazel  
Mar/Maroon  
PNK/Pink  
XXX/Unknown

#### **Hair Color**

BLK/ Black  
BRN/Brown  
WHI/ White  
SDY/Sandy  
BLN/ Blonde  
RED/ Red-Auburn  
GRY/ Gray  
XXX/unknown

To Assist Applicants:

**Law enforcement agencies perform fingerprinting services.** Also private fingerprinting services are listed in the "Yellow Pages" of the phone book. Contact the agency or company nearest you to determine cost and hours of availability. A few are listed below.

Select Information Services Inc.  
623-842-0992  
5507 W Glen Drive Glendale AZ

Community Wellness & Safety of Arizona  
522 N Gilbert Rd Suite 104  
480 892-4295  
Call for Fee no appt necessary

Preferred Support Services  
480-835-6676  
54 S. Center Street Mesa AZ

Fingerprints Xpress Mobile Fingerprint Services  
Schedule an appointment call  
480-600-2106 or email: [fingerprintxpert@cox.net](mailto:fingerprintxpert@cox.net)

Mobile Fingerprints Services Valley wide Service  
480-695-4112 contact Jennifer